

MISSOURI STATE™ UNIVERSITY
Office of Student Financial Aid

PROOF OF DEPENDENT SUPPORT 2008-09

<p>7. Are you or your child receiving any other types of assistance or benefits? If yes, provide the types of assistance and monthly amount:</p> <table border="1" style="width:100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="width:50%;">Types of Assistance</th> <th style="width:50%;">Monthly Amount</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Types of Assistance	Monthly Amount											<p align="center">____ Yes ____ No</p>
Types of Assistance	Monthly Amount												
<p>8. Are you and/or your child living with your parents?</p>	<p align="center">____ Yes ____ No</p>												
<p>9. Are you employed?</p>	<p align="center">____ Yes ____ No</p>												
<p>10. Were you or your child claimed as dependents on someone else's 2007 federal tax return? If yes, whose tax return? _____</p>	<p align="center">____ Yes ____ No</p>												
<p>11. Will you claim yourself and your child on your 2008 Federal tax return? If no, please explain why? _____ _____ _____ _____</p>	<p align="center">____ Yes ____ No</p>												

SECTION C

Please provide any other examples of how you provide basic necessities (food, clothing, personal items, etc.) for your child.

SECTION D

I certify that all information provided on this form is true, accurate, and complete.

Student's Signature: _____

Date: _____